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Re: Revocation of Power of Attorney and Appointment of New Power of Attorney:

U.S. Patent Application No.: 10/762,098

Filed: January 21, 2004

Ref: 30847-701.201

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PAGE 1/4 * RCVD AT 8/26/2004 6:39:12 PM [Eastern Daylight Time] * SVR:USPTO-EFXXRF-1/0 * DNIS:8729306 * CSID:650 493 6811 * DURATION (mm-ss):01-50

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/762,098
		Filing Date	January 21, 2004
		First Named Inventor	Linda Kalustian Lester et al.
		Art Unit	1761
		Examiner Name	Not yet assigned
Total Number of Pages in This Submission	3	Attorney Docket Number	30847-701.201

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual name	Albert P. Halluin, Reg. No. 25,227, WILSON SONSINI GOODRICH & ROSATI
Signature	<i>Albert P. Halluin</i>
Date	8/26/04

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**REVOCATION OF POWER OF
ATTORNEY and APPOINTMENT OF
NEW POWER OF ATTORNEY**

Application Number	10/762,098
Filing Date	January 21, 2004
First Named Inventor	Lester, Linda K.
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	30847-701.201

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number: 021971☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name Linda Kalustian Lester

Signature

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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NEW POWER OF ATTORNEY**

Application Number	10/762,098
Filing Date	January 21, 2004
First Named Inventor	Lester, Linda K.
Art Unit	Unassigned
Examiner Name	Unassigned
Attorney Docket Number	30847-701.201

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☐ A Power of Attorney is submitted herewith.

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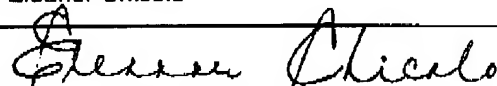
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name

Eleanor Chicolo

Signature



Date

6/14/04

Telephone

(415) 596-6383

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